STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation
INSURANCE DIVISION
233 Richmond Street, Suite 233
Providence, RI 02903 – 4233
Telephone No. (401) 222-2223   **FAX No. (401) 222-5475**
www.dbr.state.ri.us   **TDD No. (401) 222-2999**

INSTRUCTIONS AND APPLICATION FOR THE REINSTATEMENT OF AN INDIVIDUAL INSURANCE SURPLUS LINE BROKER LICENSE
(Resident & Nonresident)

Individual Insurance Surplus Line Broker (**"SLB"**) licenses expire at the same time as the Insurance Producer license - March 30, June 30, Sept 30 or Dec 31 (every two-years). The Individual Surplus Line Broker has one-year from the expiration date to *Reinstate* the Rhode Island license.

- *If the SLB Reinstatement is received within the thirty (30) day grace period of the expiration date*, the individual is required to complete an Application for License Reinstatement (Individual- SLB) **and** pay a two-year Renewal Fee of $100
  As part of the Insurance Producer license, RI Residents are required to comply with the Continuing Education requirement.

- *If the SLB Reinstatement is received over the thirty (30) day grace period of the expiration date,* the individual is required to complete the attached Application for License Reinstatement (Individual-SLB), pay the two-year renewal fee of $100 **AND** pay the *additional* Reinstatement Fee (see below).
  As part of the Insurance Producer license, RI Residents are required to comply with the Continuing Education requirement

  SLB Reinstatement Fee: $50
  The Reinstatement fee is in addition to the two-year renewal fee.

- **SLB Reinstatements will not be accepted past one-year.** All Individuals are required to submit a new Uniform Application and pay the two-year fee.

**IT SHOULD BE NOTED THAT ALL SURPLUS LINE BROKERS ARE REQUIRED TO HAVE THE RI DIVISION OF TAXATION CERTIFY THAT HIS/HER/ITS RI TAXES HAVE BEEN PAID TO THE STATE OF RHODE ISLAND, PLEASE CLICK HERE TO DOWNLOAD THE CERTIFICATE OF TAX PAYMENT: http://www.dbr.state.ri.us/pdf_forms/insur/Cert-Tax-Admin-Payment.pdf

THE SLB LICENSE RENEWAL/REINSTATEMENT IS NOT APPROVED BY THE INSURANCE DIVISION UNTIL THE CERTIFICATE OF TAX PAYMENT HAS BEEN CERTIFIED BY THE RI DIVISION OF TAXATION.

Applicants are encouraged to reapply online. For more information, **NONRESIDENTS** may visit the National Insurance Producer Registry (NIPR) website at www.licenseregistry.com.

For questions relating to the NIPR website and online licensing process, applicants should call the NAIC helpdesk at 816-783-8500.

Checks are made payable to: *State of Rhode Island, General Treasurer*
One check per Reinstatement Application.

Mail the application, supporting documentation and fees to:
       State of Rhode Island Dept. of Business Regulation
       Insurance Division, Licensing
       233 Richmond Street, Suite 233
       Providence, RI 02903-4233

SLB Reinstatement Applications that are not complete may be returned to the applicant.

NOTE: The Individual SLB does not wish to *Reinstate* his/her license, you may contact the Licensing Section by calling 401-222-2223.

To check the status of an individual license or to verify the expiration date, please visit the Department website at www.dbr.state.ri.us.

Application for License Reinstatement Individual Surplus Line Broker License
(RESIDENT & NONRESIDENT)
Print or Type

Resident Reinstatement	
Non-Resident Reinstatement	

CHECK APPROPRIATE BOX

**NONRESIDENTS ARE NOT REQUIRED TO SUBMIT A LETTER OF CERTIFICATION.
Rhode Island will verify the home state license with PDB/SPLD.*

① Soc. Security Number

② Are you affiliated with a financial institution/bank?   Yes _____   No _____

③ Last Name JR./SR. etc	④ First Name

⑤ Residence/Home Address (Physical Street)	⑥ P.O. Box	⑦ City	⑧ State	⑨ Zip or Foreign Country

⑩ Employer's Name

⑪ Business Address (Physical Street)	⑫ P.O. Box	⑬ City	⑭ State	⑮ Zip or Foreign Country

⑯ Business Phone Number ( ) -	⑰ Business Fax Number ( ) -	⑱ Business E-Mail Address	⑲ Business Web Site Address

⑳ Applicant's Mailing Address	㉑ P.O. Box	㉒ City	㉓ State	㉔ Zip or Foreign Country

Agency or Business Entity Affiliations

㉕ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ NP # _____ Name of Agency _____

FEIN _____ NP # _____ Name of Agency _____

FEIN _____ NP # _____ Name of Agency _____

FEIN _____ NP # _____ Name of Agency _____

Background Information

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1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?   Yes ___ No___

"Crime" includes a misdemeanor , felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:
   a) a written statement explaining the circumstances of each incident,
   b) a certified copy of the charging document, and
   c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license?   Yes ___ No___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:
   a) a written statement identifying the type of license and explaining the circumstances of each incident,
   b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
   c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Background Information

3. Do you have a child support obligation in arrearage?　　　　　　　　　　　　　　　　　　　　　Yes ___　No___

　　If you answer yes to Question 3, by how many months are you in arrearage? _____ Months

4. Are you the subject of a child support related subpoena or warrant?　　　　　　　　　　　　Yes ___　No___

5. Since your license has expired have you transacted the business of insurance in this state or been paid renewal commission on business in this　Yes ____　No ____
　state?

Applicants Certification and Attestation

㉗ The Applicant must read the following very carefully:

1.　I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2.　Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3.　I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4.　I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5.　I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6.　I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7.　I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

_____　　　　_____
　　Month　　　　Day　　　　Year　　　　　　　　　　　　Original Applicant Signature

　　　　　　　　　　　　　　　　　　　　_____
　　　　　　　　　　　　　　　　　　　　　　　Full Legal Name (Printed or Typed)